

JPRS-TEP-93-020  
20 August 1993



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# ***JPRS Report***

# **Epidemiology**

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***AIDS***

# Epidemiology AIDS

JPRS-TEP-93-020

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20 August 1993

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## GABON

### 11,000 HIV Positive Cases Reported, Half in Libreville

93WE0515A Libreville L'UNION in French 10 Jun 93 p 4

[Article: "Eleven Thousand HIV Positive and 392 Cases of AIDS"]

[Text] Dr. Dibanga-Modoumet, deputy coordinator of the National AIDS and Sexually Transmitted Disease Control Program (PNLS/MST), has succinctly summarized the program's recent activities. His agency has decided to focus most of its work this year on young people, considered a high-risk group. Information in the form of comic strips will be dispensed in the primary schools, especially to the middle grades (CM 1 and 2), where children aged 13 and 14 are already sexually active.

After the first competition, other similar initiatives will be mounted soon in all academic institutions. Also, discussion sessions will be held in secondary schools and work places. PNLS has set up provincial branch offices. To make them more effective, the authorities must provide more resources to these "volunteer workers" in the field. The statistical picture is clear: The disease is gaining ground.

In 1987, when the campaign started, hardly anyone was talking about AIDS. Today, we have the facts, and they are shocking. In 1987, there were 17 cases. Seven years later, in 1993, a cumulative total of 392 cases have been reported. Countrywide, PNLS has identified 11,000 HIV positives, half of them living in Libreville. Identification of cases is still a big problem, because some AIDS sufferers prefer to leave the hospitals to get themselves "treated" by practitioners of traditional medicine.

## IVORY COAST

### TB Resurgence Related to AIDS Increase

93WE0488A Abidjan FRATERNITE MATIN in French 9 Jun 93 p 8

[Article by Charles Kazony: "Workshop on Fighting Tuberculosis: AIDS and Tuberculosis: A Devastating Couple"]

[Text] "Each year there are 10 million new cases of tuberculosis in the world. Of whom, 3 million die. In the specific case of our country, specialists report 10,000 new cases each year."

These were the alarming figures revealed by Mr. Angba Flavien, the chairman of Bouake's Regional Antituberculosis Committee. In the case of Bouake and its region, 600 patients with tuberculosis were identified in 1989. Whereas in 1992, statistics showed there were 900 new cases—making a 30-percent increase in 3 years.

These are figures that attest to the resurgence of tuberculosis. That was why the day-long workshop on fighting tuberculosis held on 5 June and sponsored by the Bouake Regional Antituberculosis Committee was hailed by all the speakers who spoke at the official opening, which took place at the Jacques Aka Cultural Center.

The goal of the day-long meeting was clear in the mind of the chairman of the regional committee: "to make each citizen ask himself this question: why are there this many victims when tuberculosis is an old illness that can be cured these days?" Besides, it was a question to which the answer was provided in the talk given by Professor Fadiga Dougoutiki on the subject: "Tuberculosis and AIDS in the Ivory Coast, the Current Situation."

It has been since the discovery of AIDS by specialists that tuberculosis has made a spectacular comeback. And for a good reason. "The tuberculosis bacillus, still called Koch's bacillus, makes a pact with another germ, the AIDS virus (HIV). This marriage of love and reason is at the root of the incidence rate for tuberculosis," the speaker stated. Currently 25 to 40 percent of people living in this world have tuberculosis. On the other hand, the rest of the population, although it is not tubercular, does not have the illness. How do you account for this fact? Professor Dougoutiki answered: "We have an extraordinary defense system made up of vibrating cilia (the hairs in our noses), whose role is to prevent germs from getting into our bodies. It is only if this system is broken that the Koch's bacillus will enter in a latent state."

That, he said, is when AIDS comes along and destroys the immune cells. So the body's potential will be at the mercy of every infection, including tuberculosis. The facts are clear. If in 1988, 33 percent of patients were HIV-positive, in 1992 that rate had risen to 48 percent. No better evidence was needed for the speaker to conclude that the AIDS-tuberculosis couple really is a fact in our country.

Of course, even if he has AIDS, a patient can be cured of tuberculosis by following the advice and treatment prescribed by his physician. Whereas there is not currently a medical solution to AIDS. So the speaker invited his audience to have a single partner. If that was not possible, to use condoms. Professor Dougoutiki was supported by his colleagues Doctors Aka and Malick. All are members of the scientific committee.

We should note that the day-long workshop on fighting tuberculosis was chaired by Dr. Mamadou Coulibaly, the regional health director. He was assisted by Professor Nangbele Coulibaly, the national chairman of the Ivory Coast Antituberculosis Committee.

## KENYA

**High HIV Incidence Among Nairobi Street Children**

93WE0491A Copenhagen BERLINGSKE SONDA  
in Danish 11 Jul 93 p 7

[Article by Sten Jensen: "Children No One Wants"]

[Excerpts] They sniff glue to make life a little more bearable. They look for something to eat in the garbage can, they beg and they steal, and little girls prostitute themselves, but Kenya's authorities ignore them.

In the series, "East Africa—at the Edge of Life," journalist Sten Jensen and photographer Liselotte Sabroe find themselves among Nairobi's street children who are only helped somewhat by a small number of organizations.

Nairobi—Like dirty, ragged, and half-wild dogs, they roam around Nairobi's streets. As early as dawn, when the first tightly packed safari buses leave the city's hotels in the direction of the national parks, they are on the move.

The day's search for food, a little money, plastics, paper, and cardboard begins for the street children in Kenya's capital. Political unrest and rising social need have in a few years sent ten of thousands of new, homeless street children out into Nairobi's asphalt and slum jungle. Various sources give the present number between 30,000 actual and 130,000 potential street children. [passage omitted]

Left to themselves or in groups of 10-20, they put their hopeless stamp on the street picture in the east African capital, where over half of the 2.5 million inhabitants exist in the worst poverty and in stinking slums. [passage omitted]

**Economic Decline and Runaways**

Only a handful of voluntary organizations, apart from the Kenyan Government, try to help the children. One of the largest is called *Undugu* (Solidarity). [passage omitted]

**40 Percent Are HIV-Positive**

The street children are almost equally divided by sex. About 60 percent are boys, and the state of health among both sexes is alarmingly bad.

Sexually transmitted diseases are flourishing and spreading rapidly among the older children.

"It is quite usual for girls in the groups to sleep with many different boys, and we know that the girls are required to make themselves available to the boys if they want to receive the protection the group provides.

"Studies have shown that six out of 10 street children in Nairobi carry sexually transmitted diseases, and that 40 percent of them are HIV-positive. Some are even born

HIV-positive, because their parents also lived in the streets," Otieno said. "But the girls can also live as street prostitutes, and this exposes them to further infection from older, and perhaps HIV-infected, men."

The official number of street children in all of Kenya is estimated at a half a million—crowded together in large cities like Mombassa, Nakuru, and Nairobi, where they seemingly make up an unsolvable problem for the authorities. [passage omitted]

Otieno says flatly that the government does nothing more than offer places in already overfilled children's homes "or they put the children in jail together with grown criminals—and even the jails are filled up."

**Away From the Street**

Francis Mwangikazee can barely write his name, but he considers himself lucky.

Three years ago he came into contact with the network of caseworkers that Undugu has founded in Nairobi's slums.

"We try to reach the children before it is too late, before they begin to wander in and out of the jails," Otieno explained.

As a first step, they are offered shelter, but here there is already a limited capacity. There is only room for 300.

The lucky ones are then offered medical treatment, a temporary place to live, and 3 years' education at one of the four alternative schools that Undugu runs in Nairobi with places for a total of 700 pupils.

In the fourth year, the children specialize in a trade at one of Undugu's workshops, and the next year they go into apprenticeship with a tradesman. After a few years of apprenticeship, they can try being independent small tradesmen either as carpenters, smithies, auto mechanics, or other trades according to the economic needs of the inhabitants in the widespread slum areas.

Francis Mwangikazee is to become a carpenter. With fresh sawdust in his hair and on his tools, he sits in Undugu's headquarters in Nairobi's outskirts and says that he is constantly in contact with the street group he was a part of. [passage omitted]

## MAURITIUS

**Most AIDS Cases From Heterosexual Contact**

93WE0516A Port Louis LE MAURICIEN in French  
23 Jun 93 pp 1, 5

[Article by Danielle Olivier-Seneque: "Sixty-three [sic] AIDS Cases, Most From Heterosexual Contamination"]

[Text] AIDS in Mauritius is transmitted mainly by heterosexual contact, in other words, from male-female sexual activity. Thirty heterosexually transmitted cases



of HIV infection have been identified so far by the Health Ministry's AIDS unit, compared to only six cases acquired from homosexual contact and three cases from drug abuse. According to Dr. Chakowa, national coordinator of the AIDS unit, his department's most important mission is to design strategies for prevention and control of propagation of this deadly disease in the Mauritian populace, through counseling services, especially with the participation of women.

The national coordinator provided this information at a training seminar at Gold Crest for social workers in the Ministry of Women's Rights and Family Welfare this week. The seminar concludes today. Dr. Chakowa told the trainees his department's goal is to create, within the rights and family ministry, a team of educators to combat AIDS. The doctor indicated that the investment will be worthwhile even if it prevents but a single case of infection.

As part of this campaign, miniprojects will be designed to permit a multisectoral approach to the problem. "We firmly believe," said Dr. Chakowa, "that women have a major role to play in the fight against AIDS, because when you educate the woman you educate the whole family."

## UGANDA

### Danish AIDS Effort in Rakai District Viewed

93WE0475A Copenhagen BERLINGSKE SONDAG  
in Danish 4 Jul 93 pp II 1, 4-5

[Article by Sten Jensen: "Death Is a Constant Visitor"—first three paragraphs are BERLINGSKE SONDAG introduction]

[Text] The Rakai district in southernmost Uganda is one of the world's most-devastated AIDS regions. Some 61,000 children have lost one or both parents.

But there is still hope for the future, according to one of the Danes working in the region, which receives some of the more than 200 million kroner in Danish development aid to Uganda.

During the next 2 weeks we will publish reports by journalist Sten Jensen and photographer Liselotte Sabroe from the areas of East Africa where large groups of the population constantly live on the edge of existence.

The quiet in the banana grove in the village of Kiyovu is pierced by loud wails. Obert Bakkiddawo has lost a daughter. AIDS has claimed another victim in Uganda's Rakai district where the disease has already orphaned 61,000 children.

The women who have been sitting by the deathbed stand up. Run around. Tear their hair. Raise their arms to the sky.

Bakkiddawo, who is 71 years old, sees his family disintegrating. His daughter leaves five children, but he will soon be responsible for eight grandchildren. He must enlarge his hut, but lacks the money to do so.

Bakkiddawo, who has just seen his 36-year-old daughter die, stands beside another daughter. The gaze of the 26-year-old woman wanders. She utters unarticulated sounds. She has full-blown AIDS and is already brain-damaged. She will leave three children. In the doorway to the yard sits another daughter. She clasps her three-year-old son in her arms. The child droops limply. The boy was born with AIDS. His father has AIDS and is being cared for in another village.

"Look at this drama," says Bakkiddawo while he struggles to put his feelings into words:

"I am apathetic. One is dead and the other could die soon. All I can do is stand and watch it happen. I am willing to take in more of my grandchildren, but I must add onto the house and we can't afford it. I'm old and can't do much work. My coffee plantation is overgrown with shrubs and I have a hard time taking care of the banana plantation. I have only one son to help me and he also has land of his own. I don't know what I will do."

Outside sit the village children. Their faces are vacant. Death is always present. It is a daily guest in Rakai.

### 2 Million HIV-Positive

The Rakai district in southern Uganda near the border with Tanzania was the first place in the world where large groups of people began dying of AIDS in the early 1980's.

Local inhabitants say the disease was brought to the area from Tanzania. Since then it has spread from East Africa as uncontrollably as a prairie fire. Family structure has been completely torn apart in many areas of Uganda, but nowhere has the disruption been more extensive than among the inhabitants of Rakai.

There are no figures on how many lives AIDS has already claimed in Uganda. Most of the victims die out in the villages and are buried near their huts with no record of the cause of death.

Uganda's health minister estimates that between 1.5 and 2 million of the country's 17 million inhabitants are HIV-positive and will develop AIDS. About 10 percent of them are children under age five.

### Religious Network

The group that is hardest hit is in the productive years between 18 and 40, the people who are needed to put the already poor country on its feet.

In light of the paralyzing figures, efforts to check the trend appear almost impossible, but attempts are being made.

Fred Kagimu-Bikande, the supervisor of an AIDS project that was recently started in Rakai by the Lutheran World Federation (LWF), swears by education and changes in sexual habits as the best weapons to prevent a further spread of HIV infection in Uganda.

He is building up a network of advisers in the Rakai district and has just succeeded in getting the leaders of the three most important faiths, the Catholics, the Muslims, and the Protestants, to work together on a joint AIDS committee. With support from the leaders the local religious leaders in the villages will play a pivotal role in the educational activity and back up the advisers, the plan goes.

However, religious differences over things like the use of condoms present an enormous dilemma, Kagimu-Bikande admitted:

"Muslim leaders are divided on the issue, but generally they do not forbid it. The Catholics, on the other hand, are very negative although I know there are different attitudes there too. One of the biggest challenges facing those of us who run AIDS programs is explaining to them that sex is not just a question of increasing family size, but that it has many other aspects.

"Therefore condom use must be permitted and introduced to the population. We feel there are things that need to be changed here and that is why LWF has decided to cooperate with the religious leaders."

Fred himself thinks there are some signs that better-educated people have started to change their sex habits and use condoms, for example. But he is currently nagged by doubt following a recent seminar in the capital, Kampala. The result of a survey of a group of men led to answers like this: "We no longer have sex in the daytime."

Kagimu-Bikande, who has a degree in economics and was formerly employed by the Ugandan Health Ministry, was born and raised in Rakai himself and previously worked for TASO. This is a Ugandan organization that helps HIV-positive people with drug therapy and advice and also trains new advisers.

#### **Grassroots**

From his work here he is familiar with the whole array of organizations that help the authorities and the people of Rakai today. Therefore one of his other goals is to make LWF a "guide" for individual inhabitants, so they can find out where help is available.

Ursula Sharpe, an Irish doctor who leads a so-called Mobile Care program at Kitovu Hospital, knows the consequences of the devastating disease better than most.

The private hospital is run by an Irish order and lies in the town of Masaka in Rakai's neighboring district. It

has 250 beds and accepts AIDS patients from both districts. Not only the beds but also the hallways are always fully occupied.

During a period of several years Dr. Sharpe has built up a group of 500 volunteer helpers in the Rakai and Masaka districts who go out every day and visit families, single people, and orphaned children. People who are HIV-positive, those with AIDS, and survivors.

The aid system has a hierarchical structure. The leaders are given a motorcycle, village workers a bicycle, while new aides in the "grassroots" program have to use their feet initially.

#### **Food a Problem**

Most of the AIDS patients with whom Home Care aides are in contact are cared for by their families in the villages. The aides provide assistance there with medicine, soap, bedding, and food.

Special food for people with AIDS has become a problem, we learned. AIDS patients have a hard time digesting the traditional village diet of beans and bananas.

"Perhaps we should give supplying nutritious food a higher priority than medicine," said Sharpe.

#### **Children's Future**

While one part of the program is aimed at helping adult AIDS patients to die with as much dignity as possible, the efforts for children are based on ensuring their survival, giving them access to an education, and guaranteeing them a future.

Most of the thousands of orphans live in the villages, but the visiting aides do not have to go to the countryside to find some of the children who need help.

"Parents often bring their children with them when they are admitted here to die. They expect us to look after the children, and we do," Sharpe said.

Kitovu Hospital's Home Care program currently looks after around 5,000 surviving children. There are 2,000 on the "waiting list."

The basic philosophy is that the children should be kept in their villages. Under the supervision of relatives or designated "guardians." Both state and private "orphanages" have been set up.

"But most of them are of very poor quality and some are only established for commercial purposes. Furthermore children lose their rights to their parents' land and property if they are put in an orphanage," said Sharpe.

To help the children survive while they attend school, the hospital's Home Care program has encouraged them to learn vegetable gardening, animal husbandry, and home construction.



"In some cases a father manages to make sun-dried bricks before he dies," Sharpe said.

In other cases the children must be helped to start from scratch, perhaps on a small piece of land that Home Care purchases from a village.

#### **"Sugar Daddies"**

Educating the younger generation in changing sex habits also comes under the Home Care program.

AIDS coordinator Fred Kagimu-Bikande agreed that in the long run influencing the children is the only way out of the tragedy.

"The children are the light at the end of the tunnel, but we also need to include the parents because they are the children's models."

Unfortunately many children, especially girls, learn their own tragic lessons as a result of the irresponsible conduct of adult men.

The authorities, the police, and the press in Uganda are characterized by great openness on the AIDS issue. This also applies to descriptions of the increasingly common practice among older men of sexually abusing very young girls.

The abuse occurs because the men assume the girls are not infected with HIV. They are either raped, exploited at work or at school, or preyed on by "sugar daddies," older men who lure schoolgirls into having sex for a little candy.

"We admitted two girls who were sexually abused just this morning," said Ursula Sharpe.

#### **Men Spread Infection**

A new survey from Rakai Project and Service, published in the newspaper NEW VISION on 26 May, shows how bad things are:

Girls in the Rakai district are eight times more likely to be HIV infected than boys.

The results of the study, which was begun in 1989, show that 32.4 percent of women between the ages of 17 and 20 were HIV-positive in 1992. Only 4.5 percent of the boys in the same age group were HIV-positive then.

Among 13- to 16-year-olds, 5.2 percent of the girls were HIV-positive, while fewer than 1 percent of the boys were infected.

Dr. Maria Wawer of USAID [United States Agency for International Development] in Kampala said: "The high rate among girls is due to the growing practice of older men having sex with young girls."

The next day there was an editorial in NEW VISION under the headline "Protect Women":

"The study confirms the general assumption that 'sugar daddies' exploit young girls who are assumed to be HIV-negative...but the figures should be viewed in perspective. Men cannot be held solely responsible for the spread of AIDS. Some women are also irresponsible...even so the study expresses an unfalsified reality—that men's conduct leads to the spread of the HIV virus to a higher degree than women's."

The editorial ends with an appeal to employers and men in general to avoid abusing their power and to quickly strengthen the status of women in Uganda.

The AIDS epidemic has thrown Rakai's village society, the local administration, and family traditions into a state of chaos. The disease and the deaths have disrupted all society's functions.

#### **Constant Funerals**

"Death is always present and people are often absent from work because they are attending a funeral. It worries us every time someone gets sick," said economist Soren Villadsen. He was sent out by the Nordic Consulting Group for Danida [Danish International Development Authority] and sits in the town of Rakai with direct responsibility for building a new decentralized administration in the Rakai district.

The threatened breakdown must be averted.

The model is based on a concept hitherto unknown in Uganda: self-administration. Nonetheless the reconstruction in Rakai has been selected as a development model for Uganda's other districts.

#### **Danish Aid**

Danish aid adds up to 85 million kroner over a 3-year period. This includes 5 million earned from the children's calendar on the theme of developing countries.

The aid goes to such sectors as production and agriculture—with cheap loans, social services, administrative agencies, training, infrastructure, and water projects.

To some extent Danida's efforts are implemented in cooperation with the Lutheran World Federation (LWF), which is represented in Rakai by another Dane, Jens Pilstoft Nielsen.

"In spite of the enormous attention the district has received, there were several subcounties (parishes) near the town of Rakai that had been 'forgotten.' When we arrived in April 1992 there were no aid organizations in this area, so we simply started from scratch," Nielsen said.

Armed with a grant of 25 million kroner from the State Church Emergency Aid Fund via Danida, his job was to combat human and cultural deterioration.

"No one here thought help would come. People had sunk into apathy. Nothing really mattered. The school system

had broken down. Buildings were dilapidated and roads were not being maintained."

Thus the AIDS project is only one branch of LWF's efforts in Rakai.

A road program with support for local workers in the form of tools is another. A school program to reestablish the education system is a third.

"We have taken over the supervision of 54 schools in all. Six trucks are currently driving around delivering building materials. We are training 200 teachers at the beginner level and providing another 600 teachers with in-service training."

Jens knows in advance that far from all of those who are now being trained will obtain lifelong benefits from it.

"We expect a 50-percent dropout rate," he said.

#### **Improving Tax Collection**

In light of Rakai's general situation it may seem paradoxical that one of Denmark's contributions has been an unprecedented improvement in collecting taxes in the local communities.

"But it is necessary to provide the administration with economic resources," Soren Villadsen explained.

There will come a time a few years from now when Danida pulls out. While LWF takes care of the "small roads," Danida is concentrating on improving the big ones. Here too Villadsen started from scratch. The labor force was cut from 1,000 to 350. In return their pay was increased substantially.

"And the road improvements are moving right along," he said. Another project is the establishment of 27 small "town halls" with meeting rooms and offices for the three most important officials: the tax collector, the town manager, and the secretary.

#### **Some Optimism**

On the whole Villadsen's assessment of the possibilities of changing economic and social developments in Rakai is optimistic:

"At this point things are going far better than we expected. One department after another is being renovated. Corruption in Rakai is on the decline. Corrupt

officials have been removed and the political leaders are generally honest. Rakai has had a bad reputation, but now things are different," Villadsen said.

Inhabitants who left the area in the past—more because of drought and cattle diseases than fear of AIDS—have returned. Houses are shooting up, new businesses are opening their doors, and a school in the town of Rakai that was once vacant and dilapidated is once again full of children. But death takes a toll every day.

And at Kitovu Hospital they hope to obtain funds to expand their children's program to provide room for 1,000 more orphans this year.

#### **[Box, p 4]**

#### **Danish Aid to Uganda**

- Uganda is the third-largest recipient of Danish development aid today.
- In 1992 Uganda received 224 million kroner from Denmark.
- This year 240 million has been allocated.

#### **[Box, p 4]**

#### **Tragedy in Numbers**

A new report from Kitovu Hospital in Masaka, Rakai's neighboring district, established the following:

- Approximately 61,000 children in the Rakai district have lost one or both parents. Rakai has 383,000 inhabitants.
- About 75 percent of all the children in the district under age five have lost one or both parents. Rakai is the Ugandan district where the greatest number of children have lost their parents.
- In the Masaka district, with 838,000 inhabitants, 92,000 children have lost one or both parents.
- The Ugandan Health Ministry estimates that 40 percent of the inhabitants in some areas of the two districts are HIV-positive.
- Of 3,000 patients admitted to Kitovu Hospital in 1992, 900 died.

A new study conducted by the Rakai Project shows that:

- Some 50 percent of all deaths among adults in Rakai are due to AIDS-related illnesses.
- Eleven percent of all the men in Rakai use condoms.

### AIDS Situation Updates

93P60311A Beijing JIAN KANG BAO in Chinese  
25 Jun 93 p 1

[Article by Zheng Lingqiao [6774 7227 1564]]

[Summary] A general HIV screening done on 1,920,340 people recently revealed that HIV-infected population in China has gone up to 1,106 cases, including 189 foreigners and 917 Chinese, and the epidemic has spread to 19 provinces, autonomous regions, and the cities directly under the jurisdiction of the state government. So far, 10 of 14 AIDS patients have died. Yunnan alone has 899 cases, which tops Guangdong, Beijing, and Shanghai. Apparently the AIDS epidemic has spread from the coast and border provinces to the cities of inland provinces. Although China has been a fairly conservative nation, it is unwise to say that China will still be an AIDS-free nation. Since 1992, China has found not only increasing numbers of HIV carriers among the drug using population, but also increasing numbers of HIV carriers among normal population, mainly by sexual contacts. The HIV-infected babies through mother-infant relations are also increasing. Recently, one HIV-positive blood donor was detected in Shanghai.

### Statistics Show Higher Number of AIDS Cases in Guangdong

HK2707001293 Beijing ZHONGGUO XINWEN SHE  
in English 1402 GMT 26 Jul 93

[Text] Guangzhou, July 26 (CNS)—According to incomplete statistics, there were 63 new cases of AIDS in Guangdong Province by the beginning of this month. Among these new cases, three sufferers are from outside the country, 23 are local residents of the province, 21 are male, two are female, all of them being aged between 26 and 61 and many of them are farmers.

After AIDS was first seen in Guangdong 3 years ago, the number of sufferers has doubled annually. Health authorities here worry that, unless effective measures are taken, the disease will continue to affect a growing number of people.

It has been recommended that there should be a strengthening of care for AIDS sufferers nationwide. Attention should be given to their education, employment, marriage and movement.

### Donated Blood To Be Tested for HIV Virus in Beijing

54004807A Beijing CHINA DAILY in English  
3 Aug 93 p 3

[Article by staff reporter Zhu Baoxia: "HIV Tests on Donated Blood To Curb AIDS"]

[Excerpts] Beijing is introducing HIV tests on donated blood in a bid to stop the deadly AIDS disease being passed on to hospital patients. [passage omitted]

In the year since the scheme was introduced in Shanghai one case of HIV contaminated blood has been detected, the official said.

He said the ministry hoped all provinces would soon introduce a similar screening method.

But due to budget shortage, some coastal provinces can only test on blood of individual donors.

Most blood donors are organized by their work units and have to go through strict health examinations. These donors' blood is much safer than those who come by themselves.

A report from the Ministry of Public Health revealed that of the 900 Chinese HIV carriers on the mainland, most are drug users in the southern border province of Yunnan who contracted the virus by sharing needles.

By the end of last year, Beijing had reported 45 HIV positive cases, of whom 28 were foreigners. No HIV cases had been reported from blood transmissions in the municipality, said Sun Xianli, an official in charge of epidemics control in the Beijing Health Bureau.

He said blood transmissions were one of the major HIV infection channels along with sharing needles, sexual contact and mother-baby transmission.

Sun said the bureau had approved 13 medical institutes to carry out the work. They include the Beijing Blood Centre, Beijing Inspection Centre for Sexually Transmitted Diseases and AIDS and also some major hospitals such as the Beijing Union College Hospital.

These units will set up special laboratories and import World Health Organization (WHO) recommended tests.

Ge Jinglan, office director of the Beijing Blood Centre said that the centre has invested about 1.5 million yuan (about \$263,000) to set up a laboratory for HIV tests.

All the facilities and tests will be imported from France.

Ge said that each year, the centre provides more than 300,000 units of blood, or about 60 million millilitres, for medical units throughout the city. Most are for clinical use, but some are for research.

About half are donated by work unit-organized volunteers with the rest from individual donors.

The centre also sends out blood collecting cars to rural Beijing as well as some neighbouring provinces.

All the blood must go through tests for Hepatitis A, B and C, syphilis and now HIV, Ge said.

Beijing Union Hospital is among the first to start testing for HIV.

As a special laboratory is still under construction, the hospital is currently doing tests in a virus testing laboratory for epidemic diseases. Their tests are imported from Singapore.

Some 1,500 to 2,000 units of blood are expected to be tested each month in the hospital, said a doctor in charge of the blood bank.

#### **Official 'Relieved' of Duties After AIDS Education Campaign**

*HK1308041093 Hong Kong SOUTH CHINA MORNING POST in English 13 Aug 93 p 8*

[Report by John Kohut in Beijing]

[Text] The Director of the National Health Education Institute, Chen Bingzhong, has been relieved of his duties following a controversy over the institute's attempts to raise AIDS awareness, particularly among homosexuals, a well-placed Chinese source said.

While replacing Mr Chen, who has served as the institute's director since 1989, the Health Ministry also served notice that the Government would not be involved in AIDS education ventures aimed at homosexuals or prostitutes.

Mr Chen had earlier offered to resign after the Health Ministry began a clampdown on the institute's AIDS hotline 3 months ago.

Last May, the Communist Party committee of the ministry, which is in charge of the institute, sacked Wan Yanhai, the hotline's 30-year-old chief, because he allegedly "encouraged rather than opposed homosexuality and promoted the concept of human rights."

The authorities also closed down Men's World, a club run by hotline staff aimed at promoting AIDS awareness among gay men.

Health Ministry officials criticised articles written by Mr Wan which offended government sensitivities by referring to prostitutes as "sex workers" and expressing sympathy for them.

The National Press and Publications Administration called for an investigation into the publications and for a halt to the printing of such articles, the source said.

However, Mr Chen, who supported the AIDS hotline, refused to admit his staff had made any error in the publications.

In an article being printed in the August edition of the China Health Education journal, published by the institute, Mr Chen maintains that society should not discriminate against gays, because that will force them further underground and make it harder to prevent AIDS.

Health Ministry officials said they were not aware that Mr Chen had been dismissed—a common official response about decisions which have not been officially announced.

In what appears to be a setback for attempts to promote AIDS awareness, the ministry has adopted a conservative stance on educating high risk groups.

According to the source, Health Minister Chen Mianzhang said recently that while homosexuality was linked to the AIDS virus in the United States and Europe, that was not the case in China, where a large percentage of the AIDS cases involved use of contaminated needles in taking narcotics.

The minister said that it was not proper for a new class of people to be created because of AIDS, and that China should not use the viewpoints of sociologists in tackling the disease.

The Chinese source said that Mr Chen seemed to be calm about his removal, feeling that now was not an opportune time to promote AIDS awareness, at least in the way his institute had attempted to do so. Mr Chen, who turned 60 last month, was due for retirement.

The Beijing AIDS hotline has already been reduced to a staff of one or two volunteers operating one afternoon a week, and appears set to close down next week.



## CAMBODIA

### Health Ministry Estimates 1,000 AIDS Virus Carriers

BK2507080493 Hong Kong AFP in English 0746 GMT 25 Jul 93

[Text] PHNOM PENH, July 25 (AFP)—More than 1,000 Cambodians have contracted the AIDS virus within the last 2 years, according to an estimate from the Ministry of Public Health.

The report, carried in the daily REAKSMEI KAMPU-CHEA (Light of Cambodia) last week, quoted the head of the ministry's AIDS prevention committee Tie Phalla as saying 124 people out of 4,000 tested by the government and the World Health Organization (WHO) were found to be HIV-positive.

Based on that figure, Phalla estimated that more than 1,000 Cambodians among the population of nine million carry the virus—or about one in 9,000.

The figure is low compared to neighboring Thailand, which has about one HIV-positive person per 150 to 300 people. But AIDS was unheard of just 2 years ago in Cambodia under the closed communist regime. The first three cases were detected in November 1991 after the government began to allow freer access to foreign businessmen and travellers.

But Cambodia's per capita figure is 14 to 28 times that of China, which has a seropositive rate of one in 130,000 to 260,000.

The report did not give the number of full-blown AIDS cases in Cambodia.

According to a WHO survey last year, about 14 percent of commercial sex workers servicing U.N. peacekeepers and Cambodians in Phnom Penh's red-light district were found to be HIV-positive.

More than a dozen U.N. peacekeepers also have been diagnosed with the AIDS virus after coming to Cambodia last year, according to U.N. medical sources. But U.N. headquarters does not compile accurate figures on the disease because the 11 infantry battalions here often keep such data to themselves.

U.N. doctors, however, have treated thousands of cases of particularly virulent strains of sexually transmitted diseases—complicated by the fact that antibiotics are available freely to the public and many prostitutes incorrectly medicate themselves and produce resistant strains of diseases.

People with sexually transmitted diseases catch the AIDS virus more easily through open sores.

The government AIDS committee said that only 25 percent of prostitutes interviewed understand the benefits of wearing condoms, according to the report.

## INDONESIA

### Official Reports 149 AIDS Patients, Urges 'Vigilance'

BK2607131993 Jakarta Radio Republik Indonesia Network in Indonesian 1200 GMT 26 Jul 93

[Excerpt] The government must take measures to increase its vigilance against the spread of AIDS in view of the fact that there are currently 149 AIDS patients in the country. Suyono Yahya, secretary to the coordinating minister for public welfare, said this to reporters after a meeting on social welfare in Jakarta this afternoon. The meeting also discussed the importance of exerting efforts to cope with the negative impacts of globalization by preserving national culture. [passage omitted]

## MALAYSIA

### Health Minister Discloses Number of HIV Carriers Nationwide

BK1508141293 Kuala Lumpur UTUSAN MALAYSIA in Malay 22 Jul 93 p 6

[Text] Kuala Lumpur, 21 July—The existence of as many as 5,348 HIV carriers has been reported to the Ministry of Health between 1991 and June 1993. Of this, Deputy Health Minister Datuk Mohamed Farid Ariffin said 2,417 cases were reported in 1992 while 1,245 cases were reported as of June this year.

The minister disclosed these figures in his written reply to a query submitted by Datuk Mohamed Zihin Mohamed Hassan, National Front member of parliament from Larut constituency. Farid noted that Johor has the largest number of carriers of all states at 1,389 followed by the Federal Territory at 879.

The breakdown for other states is as follows: Terengganu (645), Pahang (553), Selangor (691), Kelantan (451), Perlis (68), Kedah (375), Penang (159), Perak (357), Negeri Sembilan (471), Melaka (111), Sabah (7), and Sarawak (69). "Fifty five people have died of AIDS thus far," he said.

## TAIWAN

### Health Department Reports 462 HIV Carriers on Island

OW2407101193 Taipei CNA in English 0814 GMT 24 Jul 93

[Text] Taipei, July 24 (CNA)—The Department of Health Saturday [24 July] announced that the number of confirmed HIV carriers on Taiwan has increased to 462.

According to a statistical report which analyzed the age, occupation, sex, and living area of the HIV carriers, more than 70 percent were between the ages of 20 and 39.



A total of 197 people, or 42 percent of all HIV carriers, are 20-29 year-olds, while 137 people between the ages of 30-39 were also HIV positive.

Businessmen and laborers accounted for 19.05 percent and 19.26 percent of the HIV-positive individuals respectively, while 11 percent of the total were unemployed.

Among the 462 confirmed HIV carriers, males accounted for 94 percent, and 35 percent of the total live in Taipei city.

Thirty-one percent of the HIV carriers were heterosexual and 24 percent were male homosexuals, according to the report.

Among the 462 HIV positive individuals, 64 have died, 24 have left Taiwan, and the remaining 374 are still living on the island, the report said.

The Department of Health said it would strengthen AIDS prevention efforts, especially those directed at foreign laborers and their employers. In addition, those employed in the travel industry would be the targets of AIDS awareness seminars to prevent the further spread of AIDS in Taiwan.

## THAILAND

### Scientist Discusses Ethical Problems in AIDS Vaccine Research

BK0502015993 Bangkok BANGKOK POST in English  
5 Feb 93 p 2

[Text] A social scientist among some five prominent HIV/AIDS doctors and researchers from throughout the country yesterday called for strict adherence to ethics in AIDS vaccine development.

The AIDS researchers met for the second day yesterday to discuss Thailand's National Plan for HIV/AIDS Vaccine Development and Evaluation, which was officially launched on Wednesday by the Public Health Ministry.

From now on all interested and independent researchers can submit their proposals for AIDS vaccine development.

Dr Aphichat Chamwatwitthiwong, director of Mahidol University's population institute, who spoke on the subject "Specific Research Activities Required for HIV/AIDS Vaccine Development: social and behavioural," said that ethical problems involved in HIV/AIDS vaccine development should be a topic for special research activities.

He said he appreciated the researchers' cautiousness in drafting the national plan and their good intentions but

stressed that "good intentions" were not enough and called on the researchers to look at HIV/AIDS vaccine development from the point of view of test subjects.

On "informed consent" and "volunteering for the tests", Dr Aphichat commented that in a society which was attached to institutions, there was no true individualism in decision making—"not in the army, not in the prison, not in the relationship between doctor and patient."

"Even if the subjects say they want to take part in the trial to help humanity, did the researchers tell them that there were other ways, such as serving as a crusader against AIDS and calling for behaviour change," he said.

Dr Aphichat also branded as "unethical" the trial technique of double blind testing in which subjects are divided into two groups, one receiving the candidate vaccine and the other a placebo (glucose or water) in order to compare the percentage of HIV infection.

"There is a dilemma among researchers between ethics and statistics, if they fully inform and educate their subjects, they may decide to change behaviour and the trial may not be completed," he said.

On side effects and liability, he said test subjects would test HIV-positive during the trial and would have to live with the knowledge of being HIV-positive even though they might not develop any symptoms.

Dr Aphichat asked about the feelings of the family and relatives as Thai society still could not accept HIV-positive persons.

Also, if the test subject is to travel abroad, there may be some problems which will require medical guarantees from international recognised institutions such as WHO to certify that HIV-positive is from a test subject and not from real infection.

Since test subjects will have to be free from other medications in order not to interfere with monitoring the effects of a candidate vaccine, Dr Aphichat asked whether such measure would not deprive subjects from medication such as AZT which would help prolong their life.

Other researchers, however, told Dr Aphichat that since such drug as AZT, was "still questionable," not giving AZT to subjects was "acceptable."

Dr Aphichat was also concerned that too much attention and resources would be diverted to vaccine development, while the key to stopping the spread of AIDS was education and socio-economic development, he said.

"It is no longer a matter of 20-30 years for socio-economic development, but 5 to 7 years, if we really put in our best efforts.

"Development is the best vaccine. It is our society that is sick, it is to do with income distribution and the status of women," he said.

WHO has estimated that in the years to come, 90 percent of HIV infection will be in developing countries.

He also warned against high expectations that Thailand would be among the first countries to have access to whatever safe vaccine that might be developed later because trials were conducted in the country, at a discounted price.

"Pharmaceutical companies will never directly involve themselves in such commitment and how can WHO give such guarantee when it does not own the companies," he said.

## VIETNAM

### Ministry Announces HIV Carriers Allowed To Enter Country

BK0408141793 Hanoi VNA in English 1345 GMT  
4 Aug 93

[Text] Hanoi VNA August 4—The Ministry of Public Health on August 4 issued an announcement signed by Vice Minister of Public Health Le Ngoc Trong to clarify an earlier circular concerning the control of communicable diseases among foreigners and overseas Vietnamese in Vietnam.

The announcement specifies that HIV carriers are also issued entry visas into Vietnam. It adds that foreigners residing in Vietnam will be encouraged to voluntarily take HIV seropositive tests.

**CZECHOSLOVAKIA****Number of Registered AIDS Cases Increases To 38;  
24 Deaths**

*AU2307182693 Prague MLADA FRONTA DNES  
in Czech 22 Jul 93 p 3*

[CTK report: "The Number of People With Aids Is  
Rising Faster Every Year"]

[Text] Prague—At the end of June, 38 citizens of the Czech Republic were registered as suffering from full-blown AIDS. Twenty-four people have died from this disease. According to the statistics, 153 people—including the aforementioned full-blown AIDS cases—had been infected with the HIV virus by this date. The experts estimate, however, that the real number of people infected is 1,000-2,000. This statement was made by Gustav Walter from the Czech Republic Chief Health Officer's Department.

In 1986, when this disease began to be statistically monitored in the Czech Republic, there were 25 HIV-positive cases, three of whom had full-blown AIDS. The number of patients rose slowly over the next 7 years, but in 1992, the number of HIV-positive cases increased by 24, nine of whom had developed the full-blown disease. This is almost equal to the increase for the previous 2 years, 1990 and 1991. During the first 6 months of this year, 10 people became infected with the HIV virus, seven of whom have AIDS. This is comparable to the figures for the whole of last year.

Groups at risk due to promiscuous behavior are most affected. Of the 153 cases reported by 30 June, 13 had been transmitted heterosexually. Of the 153 people affected, there are 139 men and 14 women. Most cases occur in the 30 to 34-year-old age group (28 patients) and in the 35 to 39-year-old age group (22 patients). The virus has also been diagnosed among children—seven under the age of 14 are infected. Most of the HIV-positive cases—around 100—were registered in Prague.

## CHILE

### Controversy Over AIDS Education Campaign Viewed

93WE0496A Santiago EL MERCURIO in Spanish  
11 Jul 93 p D6

[Article by Paulo Ramirez C.]

[Text] In the United States, where AIDS is the second leading cause of death (after automobile accidents), until 1991 no television channel had agreed to transmit advertisements that deal with prophylactics. In recent days the fourth television network in that country—Fox Broadcasting—did accept it.

The fact that condoms still do not appear on the TV screen in Chile is therefore not unusual, even though this is the year 1993.

Their first appearance was scheduled for this week, but the Ministry of Health received from La Moneda [Office of the President] a recommendation that it not show an announcement showing how to inspect and put on a condom (on a test tube, of course). "Whether or not to use a condom is a decision to be made by the couple," says a voice offstage, as a woman's hand is placed on a man's hand, which is holding a condom. "Its correct use is one of the most effective ways of preventing AIDS," the voice says in conclusion. Following this governmental intervention, the spot [preceding word in English] is being revised.

This was not the only pro-condom advertisement of the series. Another one—which definitely will not be shown—shows a teenage girl preparing to leave her residence. Her mother finds a condom on the sofa beside the girl. "What is this? What is the meaning of this?" she asked. "Good grief, I am grown up now. I can take care of myself!" the daughter replies. "But don't you and I discuss everything?" the mother asks. "Look," the daughter says; "this is the way we are going to keep from getting AIDS—by using a prophylactic."

There is a third spot, and it is in fact being broadcast. A father and his son are playing chess. "Son, have you had any sexual experiences?" "Check," the son answers. "Did you think twice about it?" "But we used condoms," the son replies. "Shall we talk about it?" the father says.

And there is a fourth spot. On the screen you see pictures of lovers, and you hear the voices of a couple talking. "We have to be safe now." "How?" "By using a condom, for example."

Along with these four pro-condom spots, the series of spots presented for this stage of the campaign (13 in all, to which more will be added shortly) includes only one spot that focuses on the mutual fidelity of a pair of lovers and one that stresses abstinence.

The spot that focuses on fidelity shows a couple leaving a hospital. "We finally have the result of the AIDS test,"

one of the lovers says. "Yes, at last," the other answers. "It took a while, didn't it?" "Uh huh." "But the wait was worth it." "And now that we know we are not infected, we have to continue being careful, right?" "Absolutely." "So be careful, huh?" "You too, right?"

The spot that stresses abstinence shows two lovers strolling through a park. "Say, have you thought of making love?" "Yes, but you know...." "Yes, I understand what we have decided. What are you thinking of?" "Of our first night together, when we are married." "I hope that day comes soon." At the end, a voice offstage repeats that not having sexual relations is a decision for the couple to make—the same thing that is said in the condom and mutual fidelity spots.

According to studies carried out during the past 5 years, sexual behavior that can play a role in spreading AIDS have produced the following situation:

a. Three-fourths of all men—and four out of every 10 women—between 18 and 55 years of age have had sexual relations with more than one person (TIME [expansion not given] study, January-March 1993).

b. By 24 years of age, 35 percent of women and 65 percent of men have had sexual relations, with the first experience occurring—on the average—at the age of 17. (Footnote 1) ("Survey on Reproductive Health," Santiago, 1988. Department of Public Health, University of Chile.)

c. Of all these young people, fewer than 15 percent used prophylactics during their first experience. Moreover, almost 80 percent of the women—and 50 percent of the men—said they do not take any preventive measures against AIDS.

That is to say, in practicing each of the three types of behavior that the AIDS campaign has identified as providing protection against the disease, Chile's performance has created conditions favorable for the spread of the disease: a lack of fidelity, a low rate of abstinence, and little use of prophylactics.

Encouraging a change in behavior on these three fronts has been the central objective of the Health Ministry's campaign, which will require an investment of \$1.1 million by the ministry next year. The underlying principle is that the state should not place emphasis on any of these alternatives to the detriment of the others; in other words, it should remain neutral and assign equal value to each of the three alternatives.

Moreover, this second campaign is based on the success of the first campaign, to which 92 percent of the population had access—with 77 percent manifesting a positive attitude—according to a study carried out by TIME for Conasida [expansion not given]. And Joel Munoz, the creative director of the campaign (for the Creative Change agency), insists that "during this period a change in behavior was achieved in 30 percent of the population."

From the outset of the campaign, the pretended neutrality on the part of the government has been attacked by the Church.

The Permanent Committee of the Episcopate rejected the reference to the use of prophylactics, because "it leaves the impression of a moral neutrality vis-a-vis infidelity and promiscuity and at the same time opens the door to sexual licentiousness."

The archbishop of Santiago, Monsignor Carlos Oviedo, last Friday delivered a pastoral letter, "From Fear to Hope: The Church Meets the Challenge of AIDS," in which he maintains that the promotion of prophylactics "is immoral because of its emphasis on sexuality, the false sense of security it supposedly gives the public, and the commercial interests that lurk behind it."

He also warns that the proposal to "eroticize the condom"—to generalize its acceptance—is "an overtly immoral proposition that deliberately encourages infidelity, promiscuity, and sexual licentiousness." He further states that the proposal also "increases the possibilities for spreading the disease—the very thing it is supposedly trying to prevent—inasmuch as it is not difficult to understand that the spread of an epidemic is directly related to the specific means of transmission of the disease and to the frequency of exposure to the risk—to sexual contact, in this instance."

In Chile, virtually all the cases reported have an origin—almost always direct but occasionally indirect—that is sexual in nature. The archbishop maintains that by relying on the concepts of "safe sex," you are merely broadening the base for the potential occurrence of the disease. If AIDS is transmitted sexually, it then follows that the more sexual contacts there are, the more likely it is that transmission will occur. In the subconscious message of "do it when you want to, with whom you want to, and where you want to, but do it with a condom," these tendencies are probably being encouraged and along with them the incidence of AIDS. Rather than the network of life, what is being expanded is probably the network of death.

This is especially true if you take into account the doubts that many scientists have concerning the condom's effectiveness. In January 1992 the School of Medicine of the Catholic University—using figures supplied by the World Health Organization—argued that the condom decreases the probability of contracting AIDS by only 60 percent, even though the WHO itself has elevated the condom to the category of an essential medication.

Dr. Michele Bachelet of Conasida, however, insists that the condom has proved to be completely effective in preventing infection in couples when only one of the pair is infected. As for the Church's fears, she adds: "The campaign has been effective in promoting the concept that a stable relationship is more valuable than the use of a prophylactic."

This debate between the state and the Church over AIDS, values, and condoms has characterized the fight against the disease throughout the world.

It took place in Argentina, for example, following the announcement of the distribution of 1 million condoms. It also took place in Colombia, where authorization was granted for the transmission of a spot [preceding word in English] that showed a man who was naked but holding a condom and who was saying that the condom is the only article of clothing that cannot be dispensed with. Spain spent more than \$9 million in 1991 to promote the use of condoms. The fight with the Church has been a bloody one. In Italy, the Church hierarchy charged that the official campaign encouraged deviant conduct.

The reactions of the Chilean Catholic Church to the campaign were followed by a counter-reaction on the part of political youth groups and alliances of nongovernmental organizations that rejected the imposition of Catholic values on non-Catholics.

The predominant view in the world of Concertation is that the state has no business intervening in the private behavior of individuals (hence its "neutrality" in the matter of AIDS). Moreover, according to Francisco Estevez, director of the Youth Institute, the campaign should originate with the rank and file and be based on a "recognition of diverse cultural identities," because of the fact that politics "is going to be increasingly dominated by cultural tensions."

The problem of AIDS is one of those tensions. Divorce is another, along with abortion and homosexuality.

The role of the state in the area of ethics, however, is an even more profound question. According to the sociologist Jose Joaquin Brunner, president of the National Television Council, in this area we are confronted with a tension that is characteristic of the modern world, which requires that "a variety of values be combined with the social discipline that is essential for progress." Within the common body of values that make this discipline possible, the values advocated by the Catholic Church will underlie the national consensus, but that institution "cannot act as if it still had a monopoly on morality."

According to Pedro Morande, assistant rector of the Catholic University, the problem is that there has been confusion regarding the limits of pluralism. "Opinions—an area in which there is complete freedom—are one thing, but moral values are quite another. They are not subject to public opinion, because they are concrete values; that is to say, they are objective facts that transcend public opinion." The word "moral," Morande explains, comes from "morar," meaning "to live in the house," which entails rules for living together with one's contemporaries and, at the same time, the necessity of caring for the house in behalf of those who will arrive in the future. "That is why a supposed moral pluralism would mean that each person has a right to destroy the house," he said.



This concept imparts—through the medium of the Church's reasoning—a new meaning to the role of the state: namely, the state has the duty to take care of the house in which society lives. This care would be based on the values which—by virtue of our Western and Latin American tradition—have much in common with those of the Catholic Church.

This result could be achieved by not expanding the network of death—which the pro-condom campaign appears to be encouraging—and could also make it possible to overcome other social ills that are of concern to the Church, such as abortion, divorce, and teenage pregnancy, among others.

**Table 1. AIDS in Chile (as of 6 July 1993)**

Patients	Carriers
752	1,199

**Table 2. Best Way To Prevent AIDS (men and women from 18 to 55 years of age; all figures are percentages)**

Method	1991	1993
Having a Stable Relationship	41	77
Using a Condom	33	60

**Table 3. Age Groups Most Affected**

Patients	Carriers
30-39 years	20-29years

**Table 4. Means of Transmission (as a percentage of the total)**

Sexual preference	Patients	Carriers
Homosexual	46	46
Bisexual	20	18
Heterosexual	20	24

**Table 5. Sex Life of Chileans (men and women from 18 to 55 years of age; all figures are percentages)**

Sexual practice	Men	Women
Have had only one partner	8	30
Have had more than one partner	71	44

## EL SALVADOR

### Arrival of U.S. Troops Sparks Fear of AIDS

PA2707122393 San Salvador Radio Farabundo Marti Network in Spanish 1800 GMT 26 Jul 93

[Text] Health Minister Lisandro Vasquez Sosa said the Public Health and Social Services Ministry does not have the means to prevent the spread of AIDS in view of the U.S. troops' impending arrival in the country. Here is what Minister Vasquez said:

[Begin Vasquez recording] The U.S. troops are scheduled to arrive in August, and that has already aroused fears that AIDS will spread like wildfire, which is what happened in Honduras. [end recording]

The health minister said it was almost impossible to prevent the spread of AIDS as those bringing the virus into the country cannot be controlled. Sosa said prevention is in the hands of each Salvadoran.

Mario Valiente, Nationalist Republican Alliance deputy, said considering the grave consequences of AIDS in Honduras due to the presence of U.S. troops, the necessary measures must be taken.

## PERU

### AIDS Program Director Says 1,200 Have Died

PA1208045193 Paris AFP in Spanish 1815 GMT 11 Aug 93

[Text] Lima, Aug 11 (AFP)—Dr. Anibal Escalante, the chief of the National AIDS Program, reported on 11 August that more than 1,200 people have died of AIDS in Peru.

Currently it is estimated that approximately 250,000 Peruvians are infected with the terrible disease, he added.

The total number of certified AIDS cases amount to 4,000 and the disease has been declared in more than 2,500 of those cases, the physician asserted.

"According to calculations accepted by the WHO, our statistics show that we should have 250,000 infected people in the entire country," he said.

Escalante, who was recently appointed by the Health Ministry to head the National AIDS Program, said that one of his priorities is to promote the organization of AIDS committees in each hospital, clinic, and medical center in Peru.

## ALGERIA

## Modes of AIDS Transmission Detailed

93WE0519A Algiers REVOLUTION AFRICAINE  
in French 10-16 Jun 93 p 8

[Article by Fahima S. Hadi: "Focussing on Prevention"]

[Text] The commission overseeing the national program to counter AIDS and sexually transmitted diseases is working hard on prevention.

But the real battle, the medical professionals say, must be fought by each citizen individually. Overcoming AIDS is, indeed, the responsibility of everyone. As of 31 March 1993, the total number of AIDS cases recorded in Algeria, most of which have already resulted in death,

was 138, a figure that may seem negligible when compared with the number of cases in other countries. But it does not mean that Algerians should consider themselves safe from the disease. There are 351 known carriers of the virus that causes AIDS, but that figure cannot be considered reliable because few people are willing to be tested. The commission also points out that most of the cases of full-blown AIDS recorded in Algeria were contracted abroad. A few figures describing how and when the victims were infected serve to illustrate the situation. As of 31 March 1993, 27 cases were the result of infection by blood transfusion, 17 of them abroad, seven in Algeria, and three of unspecified origin. Of the 39 cases attributed to drug use, 33 individuals were infected abroad and two were infected in Algeria, while four other cases were of unspecified origin.

Heterosexual relationships were another leading cause of infection. (See table below.)

Cumulative Survey of AIDS Cases in Algeria to 31 March 1993

Mode of Transmission	Where Contracted			Total
	Unspecified	Algeria	Abroad	
Blood transfusion	3	7	17	27
Drug use	4	2	33	39
Homosexual relationship	2	1	3	6
Drug use and homosexual relationship	3	1	5	9
Heterosexual relationship	4	15	4	23
Unspecified	23	8	3	34
Total	39	34	65	138

These illustrations serve to demonstrate that zones of risk do exist in Algeria, and that fact must be acknowledged. Despite the low incidence in Algeria, the danger remains given the country's geographic location (proximity to Europe and, more particularly, to sub-Saharan regions where incidence levels are high). For that reason, the commission's program calls for a network of observation posts monitoring sexually transmitted diseases to be established in the Saharan region of Algeria. The first link in the southern network will be set up in Tamanrasset. Such posts already exist in northern Algeria (mostly in the northwest). In the effort to prevent sexual transmission, the commission emphasizes the importance of educating the public, as public awareness is the basic foundation for effective disease control. The public must be informed of the vectors of AIDS transmission and means of protection. The public must also realize that AIDS is a disease that can strike anyone. "Each one of us must feel concerned," insisted Dr. Chakkar who heads the commission's anti-AIDS campaign.

"AIDS is everyone's business. It is a disease that knows no economic, political, or religious boundaries." The purpose of education, the basic foundation in the fight against AIDS, is to encourage less risky forms of behavior (for example, faithfulness to one sexual partner.) The watchword is to avoid multiple, occasional partners. In plain terms, the goal is "to change" risky

behavioral patterns. Educating the public is the first focus; the second focus, just as important as the first, is to recommend the use of condoms (particularly for those who engage in risky behavior).

It must be realized that 95 percent of HIV infections around the world are caused by sexual contact. The other mode of transmission is through the bloodstream by exposure to contaminated instruments (syringes, scalpels, needles, razors, etc.) or transfusions of contaminated blood. The first of these two is prevented by the sterilization of instruments that come into contact with the bloodstream. The second is more properly the domain of health officials and health-care institutions. Algeria currently has 107 blood transfusion centers which monitor the country's blood supply. The centers have been equipped and their personnel has been trained. Each blood donation received at the centers is tested not only for HIV, but also for hepatitis B and syphilis.

A ministerial order issued in 1991 made testing of the blood supply mandatory throughout the country. The human and material means of complying with the order (training and equipment) had to be made available, and this was not an easy task. An evaluation was conducted between January and April 1993. It brought out certain constraints that led to recommendations calling for a

maximum of supervision. All of this was the work of the Ministry of Health, the prevention department, and the national blood transfusion committee.

The national blood transfusion committee coordinates its work with the national commission for AIDS and sexually transmitted diseases. (In fact, there is a group of specialists who have seats on both boards). It is especially important to note that Algeria is one of the first developing countries to establish an organization charged with monitoring the country's blood supply. Above and beyond the various efforts of the commission to fight AIDS and sexually transmitted diseases, the essential message to be conveyed is that AIDS concerns everyone. All collectivities must support the fight against AIDS in every possible way.

### Questions Resurface on Safety of Blood Supply

#### Silence Raises Concerns

93WE0505A Algiers EL WATAN in French 4 Jul 93 p 11

[Article by Djillali Hadjadj; first paragraph is EL WATAN introduction]

[Text] In EL WATAN's 11 Apr 1993 issue devoted to "the contaminated blood story," we spoke of the distress of infected Algerians, hemophiliacs in particular, and of the anguish of parents, and we contrasted this with the silence of scientists and the silences and contradictions of the powers that be. Three months later on, where do we stand?

The Health Ministry has just published a document on "Monitoring Blood Transfusions," which originated in the Prevention Directorate. This document is not signed; it is the synthesis of several contributions by specialists. Initially it was a question of the ministry's sending us its response, something that would have allowed EL WATAN's readers to be better informed about the government's action, but at the last minute the ministry had second thoughts.

Certainly this was no evasion. Certainly too the Health and Population Minister had too full a schedule to receive EL WATAN's journalists; we were refused an interview. And then, why was there all this media buzz over a story that wasn't one?

The official document cries out loud and clear: Algeria was one of the first countries to set up screening of blood donations; it was the first country to import heated blood-derived products for hemophiliacs; even the fact that tests to detect AIDS began as early as 1984, well before most European countries. Algeria even avoided a catastrophe in 1982-83 when it repatriated hemophiliacs who had been treated in France. In any event, even the incidence rate is fairly low.

This ministry document even confirms that all blood donations are screened in special centers throughout Algeria. And so, what if there were a large number of

people who had gotten infected? Americans and Europeans have not been able to avoid this catastrophe, how could we Algerians have done so? And then the authorities believe that they have done the most they could: they asked hemophiliacs and people who had received multiple transfusions and those who had had heart operations to report to special agencies and to the Mustapha Hospital's crisis intervention center. "If they didn't come, that's not our fault!"

That is the scenario concocted by the powers that be: everything is bathed [in the light of] self-satisfaction with a duty well done. Families, patients, and involved associations are tired and worn out by their ineffectual actions and feel very isolated.

The pact of silence honored by the bureaucratic machine is still in force. As for the "official technicians," either they know the extent of the damage and are remaining silent: "there's not enough here to make a story"; or they do not know but do not say so and are not suggesting a scientific method of finding out; no, they have chosen to wait until "at risk" citizens come to them. Who is serving whom? We have met families and patients; they tell us their dramatic stories and raise a number of questions. Many dark areas remain. There has not been a real investigation, something that is becoming a tradition, but that cannot stop us from asking the questions again. What are the agencies that imported products derived from blood for hemophiliacs, especially from 1981 to 1985, but after that as well? Who were the foreign suppliers? In the case of Austria, was there just the Immuno firm?

Who is the Swedish supplier mentioned by the Health Ministry? Of those Algerian citizens sent abroad for care from 1981 to 1985, which ones ran the greatest risks? Is there not a way to draw up a list, working together with Algerian Social Security and French hospitals? Why did the Health Ministry only ask Social Security for the list of hemophiliacs who had been transferred? (Social Security has only been able to find about 20 files).

Why hasn't a search been made of the individual files of patients repatriated from France in 1982 and 1983 and that are still in one of the headquarters occupied by the Ministry of Social Affairs (Ruisseau, Kouba, or Belcourt)? Why would Algeria be spared? The conspiracy of silence is not only growing larger; it is getting noisy. EL WATAN is pursuing its investigations: it is listening to infected hemophiliacs; it is looking at the past history of the story to get a better understanding; it will retrace for you the routes taken when the contaminated products were imported; and it will publish excerpts of the latest document issued by the Health Ministry.

The silence and evasions of the official technicians, who refuse to be interviewed by EL WATAN's journalists, are of a piece with the Health and Population Ministry. As we wait, the list of victims will grow longer as the story dies.



**Cases 'Confirm' Contaminated Blood**

93WE0505B Algiers EL WATAN in French  
4 Jul 93 pp 1, 12

[Article by Nacera Benali: "Contaminated Blood: the Prejudices of Silence"; first paragraph is EL WATAN introduction]

[Text] Hemophiliacs who have never set foot outside Algeria find themselves infected with the AIDS virus. This leads us to conclude that it was blood derivatives imported and injected into their blood at the Oran University Hospital Center that are at the root of their infection. Two children have already died. Bilal is another victim. Aged 12, he does not know that he carries HIV. His family cannot even try to claim compensation. When will Algeria, following the example of other countries, admit that she imported contaminated blood derivatives?

If the Health and Population Ministry is content saying that Algerians infected in France while receiving care will be compensated, it is silent on the subject of importing contaminated blood derivatives. Bilal's sister, although she has only a modest level of education, surprised us with her force of character and sense of resignation: "Everything that comes to us from God we accept. But people are so distrustful. It's very hard for a family to admit something like this to others, and it's hard to carry this secret alone."

As she spoke, the smile with which she had welcomed us slowly disappeared, turning into an expression of pain and poorly concealed anger. Speaking in syllables and incomplete sentences, she tried to tell her brother's story, although without once mentioning the word AIDS. A hemophiliac since birth, since this disease is inherited, Bilal has received most of his care at the Oran University Hospital Center.

His hemophilia required periodic transfusions of factor VIII. He was not lucky (or unlucky?) enough to be on the CNASSAT's [expansion not given] list of patients to be transferred abroad. As he awaits, together with his school friends, the results of his sixth grade test, his frail little body carries the virus that even adults fear.

Between two questions his mother asks us timidly: "So this disease, there's no cure for it?" God, what do you tell her? As we were leaving the family, we bumped into Bilal in the hall. He greeted us with an angelic smile. It was hard to convince our colleague who was getting ready to click the shutter on his camera not to shoot. "Those in charge must see this," he said. "No, this child has to keep on living without the specter of HIV disturbing his childlike dreams." In Oran the death of one child was recorded in 1992 and of one adult in 1991, both hemophiliacs who had been infected locally.

In Tiaret, five members of the same family have been infected. Some of them have always had their hemophilia treated in Algeria.

Miloud used to live in the city of Saida; his hemophilia B required factor IX transfusions, which he received either in Saida or Oran. He died of AIDS at the age of 30. Nor had he ever stayed in foreign health care facilities.

Pressed by questions, Professor Hamadi, a hematologist and the head of services at the Oran University Hospital Center, finally said: "Yes, no one can state that Algeria has not imported contaminated blood derivatives. Rather we should be thinking right away about compensating the victims." It is obvious that what Professor Hamadi had the courageous honesty to say is the truth [known by] many Algerian practitioners who continue to observe a shameful silence.

Unless you expect a miracle, there is no way PHARMS [the three companies in charge of medications], ENE-MEDI [expansion not given], and thus the Health Ministry could not have imported blood derivatives contaminated with the AIDS virus.

Before 1985 no country that produced or exported blood derivatives, including antihemophilia products, had yet perfected the heated products technology, and so contamination was a serious probability. Algeria has always imported this class of products for the simple reason that we do not produce them.

In the 1970's, one production unit producing blood derivatives existed in Bouchaoui. Inherited from the time of French colonization, it was overtaken by the pharmaceutical industry's new technologies. Instead of updating, its directors preferred to invest in huge complexes, which have never gone into total production, like those producing Medea's antibiotics. So the directors continued to import them from European countries.

Although the Health and Population Ministry persists in referring us to the Austrian and Swedish connections, we are able to state that Algeria has imported from Spanish companies and is continuing to import from Italy. ENOPHARM [expansion not given] has had contracts with Italian suppliers for 2 years.

At one time, the Oran University Hospital Center received blood derivatives from the CNTS (National Blood Transfusion Center). This same center imported this type of product from American suppliers. In the case of the Merieux Institute, which the Algerian authorities were quick to state in November 1992 did not supply this type of product to Algeria, our investigations did not allow us to prove the opposite although certain sources have stated that some Merieux antihemophilia products did indeed make a brief appearance in certain hematology departments in our hospitals.

Let us go back to the Austrian connection. Immuno is reported to have been Algeria's main Austrian supplier from 1984 to 1990. Professor Hamadi told us that in 1984, after the story of the contaminated blood broke in France, his department drew up a list of patients who had received products from that firm. When contacted,

Immuno had expressed its willingness to compensate Algerian hemophiliacs if their infection could be proven.

On this subject, Mr. Christian Muller, the commercial counselor at the Austrian Embassy in Algiers, stated to us that "the laws governing the production and sale of pharmaceutical products in Austria are stricter than those of the EEC. For all products manufactured or marketed in Austria, a 'Freiverkaufszertifikat' [a free sale certificate], is required."

"This certificate is granted by the Health Ministry after a strict product check and, in the case of Austrian manufacture, a check of the producer as well. Each pharmaceutical production unit must have a special permit from the Health Ministry before it can get going. Subsequently it is subject to strict, ongoing monitoring. There is no special permit to export pharmaceutical products. The free sale certificate applies equally to exports." If this company said it was ready to compensate those affected, why didn't the import company show up?

And here another contradiction in the communiqués from the Algerian Health and Population Ministry strikes us. The document in question states: "All products imported since 1985 are free of all infection." However we know that the countries of Europe, including France, universally adopted the heated products technique, because it had been made required, only in 1985. And where do we stand with regard to products imported before that date?

Practitioners are unanimous in saying that PHARMS never consulted them when it came to choosing their imported products. Otherwise how do you explain that triple bags of blood are going to the Reggane hospital and single bags are going to Oran's, whereas the requirements of each center call for the opposite?

These same practitioners state that the price factor alone motivates these firms. The PHARMS, which were the first ones responsible for importing the contaminated blood derivatives, should become plaintiffs and file a civil suit against their suppliers, if only for products which were not as ordered and posed a danger to the consumer.

And according to whether the imports occurred before 1985 or since, the importer's and the exporter's responsibility must be assessed. Indeed, if Algerian companies continued to import blood components after the infection of an abnormally [high] number of hemophiliacs had been discovered and made public, this attitude can only be likened to a case of criminal mercantilism.

Instead of vigorously and rapidly moving to assess the situation, the powers that be prefer a policy of silence for the benefit of amnesia.

But who will have the courage to look this infected child in the eye or console the families of dead victims without any hope of compensation alleviating their suffering?

## PAKISTAN

### AIDS Prevention, Education Programs Stressed

93WE0198C Karachi DAWN in English 13 Dec 92 p 8

[Excerpt from Muhammad Jamil Tahir: "An Insidious Killer"]

[Excerpt] [Passage omitted]

#### In Pakistan

Reasons of spread of AIDS in Pakistan include that preventive methods during sexual process are not observed, people are unaware about the diseases, its cause, mode of transmission and preventive measures and there are social and cultural barriers in educating the masses about sexually transmitted diseases.

In Pakistan out of screening 250,000 population during the period 1986 to 1992, 151 HIV Sero Positive cases have been detected with increasingly upwards trend year by year. This number includes 21 AIDS cases (none of them is alive). Most of the cases acquired infection while working abroad. The Government of Pakistan took serious notice of the global situation and its spread in the country. A National AIDS Prevention and Control Programme was initiated in August 1987 with the establishment of Federal Committee on AIDS which is a multi-sectoral representative committee of Ministries of Health, Special Education and Social Welfare, Information and Broadcasting, Religious Affairs, Law and Parliamentary Affairs and Immigration & Overseas Employment. A proposal (PC-I) was submitted and approved in 1988 at a cost of Rs. 20 million. The National AIDS Prevention and Control Programme is collaborating project of the Federal Ministry of Health and the World Health Organisation. The National AIDS Prevention and Control Programme had the following components which were approved by the Cabinet in 1988:

1. Surveillance and Control Component.
2. Laboratory and Blood Bank Component.
3. Information, Education and Communications (IEF) Component.
4. Programme Management Component.

Major decisions of the National AIDS Committee so far are:

- a) AIDS to be a notifiable disease.
- b) AIDS-Free Certificates should be mandatory for foreigners coming to Pakistan for more than one year.
- c) A National AIDS Screening Programme should commence immediately with the National Institute of Health, Islamabad, as the Referral Centre for all AIDS testing Laboratories in Pakistan.



d) AIDS-Free Certificates will be required on all imports of blood, blood products, vaccines, etc. This will be implemented by the Ministry of Commerce.

e) Health Education activities will be stepped up under the Organisation of Health Education Committee on AIDS.

f) Blood transfusion services, both Governmental and Private, will be reorganised to exclude any possibility of dissemination by this process.

g) Obtaining AIDS-Free Certificates from sailors should be mandatory.

#### Creating Awareness

The component of Health Education was reconsidered and the Ministry of Health was directed to drop the use of electronic and print media for giving messages about AIDS but in view of the global and regional situation and recognising that presently there is no treatment or vaccine against AIDS, the Health Education Messages on AIDS to create awareness and adopt preventive measures is the only tool available for control and prevention of this disease.

To achieve the above objectives, the National AIDS Prevention and Control Programme have conducted training seminars of Teachers, Government officials, Seamen and Sailors, Air Staff, Labour Leaders, Public Health and Medical staff, etc.; at all the four Provincial

Headquarters. A 2-day National Seminar on HIV/AIDS was held in Islamabad on 1st and 2nd June, 1992 to involve various sectors of our society such as prominent religious leaders, scholars, MNA's, Senators of Mass Media, N.G.Os in creating awareness in the masses to combat spread of HIV/AIDS infection in Pakistan. Recommendations drawn during Seminar are summarised as under:-

1. Religious leaders to educate people through teaching of the Holy Quran.
2. Extensive mass media campaign to be undertaken to mobilise and educate people through Television, Radio, Newspapers for prevention of AIDS.
3. Messages to be displayed at public places for awareness of general public.
4. Social Health Education be started with emphasis on AIDS prevention.
5. N.G.Os and Mass Media personnel be provided training and funding for active participation into the Programme.

Meetings with religious leaders and political leaders (August 1992), with Mass Media Personnel (September 1992), with Educationists and N.G.Os (October 1992), were organised by National AIDS Programme at National Institution of Health, Islamabad, and similar meetings at Lahore and other provincial headquarters.

**Ukraine: Academician Interviewed on AIDS Situation**

AU0906113693 Kiev DEMOKRATYCHNA UKRAYINA in Ukrainian 5 Jun 93 p 3

[Interview with Academician Hennadiy Kharlampiyovych Matsuk, chairman of the Ukrainian National Committee for Combating AIDS, by Volodymyr Tarasenko; place and date not given: "We Have a Program. It Is Time To Act"—first two paragraphs published in block capitals]

[Text] Recently, ministers of health and finance of 35 European countries held a meeting in Riga. It was organized by the WHO regional bureau. Its participants adopted a document under the title "Riga Initiative." It is a program of action and special measures aimed at preventing an AIDS epidemic in central and eastern Europe during the period between 1993 and 1996.

On behalf of Ukraine, this document was signed by Academician Hennadiy Kharlampiyovych Matsuk, chairman of the National Committee for Combating AIDS subordinated to the Ukrainian president. Our correspondent met with him.

**Tarasenko:** Hennadiy Kharlampiyovych, meetings at various levels on AIDS problems have been held before. What is the specific feature of the Riga meeting?

**Matsuk:** It is the fact that these problems were, for the first time, jointly discussed by physicians and financiers.

**Tarasenko:** What was the reason for this?

**Matsuk:** An answer to this question was heard in the speech by Ilona Kikbush [transliteration], director of a WHO department: "The Riga meeting was dictated by life itself, because medicine presently no longer plays a major role in maintaining the health of society." In other words, we need financial support, and, unless capital is invested in preventing AIDS now, we will not conquer the epidemic later.

**Tarasenko:** You mean southern Asia?

**Matsuk:** Yes. The Aids pandemic there is developing in leaps and bounds. Whereas some 6 years ago, we knew about isolated cases of HIV infection, at present, already as many as 500,000 residents of Asia are infected. It also happened because some people were so naive as to believe that Asians were immune to this deadly disease. There are still such "know-alls" in Ukraine.

**Tarasenko:** What are the statistics for the spread of the AIDS epidemic? What does WHO predict for us?

**Matsuk:** According to the experts of the World Health Organization, last year, there were 14 million HIV-positive persons and 1.5 million cases of full-blown AIDS. Unless radical prophylactic measures are taken,

between 30 million and 40 million cases of HIV infection are predicted by the year 2000.

**Tarasenko:** What is the situation in Ukraine?

**Matsuk:** By 1 January 1993, we had 303 recorded cases of HIV infection. Of this number, 112 are Ukrainian citizens and 191 are foreigners. It is alarming that there is a trend toward an increase in the quantity of HIV-positive persons precisely among our fellow citizens.

Unfortunately, so far, no effective remedies against the AIDS virus have been found. There are medicines that may only slow down the course of the disease. The only way out today is AIDS prophylactics.

**Tarasenko:** However, this requires quite considerable capital....

**Matsuk:** The United States, for example, spent \$5.5 billion on AIDS prophylactics last year. However, even this is insufficient. That is why there were representatives of the World Bank at the Riga meeting in order to work out a strategy and determine how much money needs to be invested in AIDS prophylactics throughout the world.

**Tarasenko:** Can Ukraine count upon Western investments in this sphere?

**Matsuk:** Yes, it can. Provided that it, as they say, accepts the conditions of the game offered by the world community. For this, it is necessary to introduce changes into Ukraine's law on preventing AIDS and the social protection of the population. We must give up, as is now the practice throughout the world, the compulsory examination of citizens for AIDS. We also need to make rational use of those modest means that are allocated for financing the National Program for Combating AIDS.

For the current year, we have been allocated 8.3 billion karbovantsi [K], but already in the first quarter, the budget deficit for this program amounted to more than K500 million. That is why the board of the National Committee decided to continue priority financing, first and foremost, of scientific developments, the dissemination of information, methods for protecting the population and medical personnel from the infection, the manufacture and utilization of medical instruments, and the procurement of diagnostic equipment.

**Tarasenko:** Ukraine has signed the "Riga Initiative." What does this signify?

**Matsuk:** Yet another step has been made on the road toward our integration into the world community. We want to wage a civilized struggle against AIDS. There is no need to intimidate people. It is not the AIDS patient that we must fight, but his disease. Human rights need to be respected and maintained.

All of this is reflected in the National Program for Combating AIDS that has passed analysis by WHO experts. It is now time to act.

## AUSTRIA

**AIDS Committee President on Ways to Control Disease**

93WE04924 Vienna *DIE PRESSE* in German  
18 Jun 93 p 2

[Guest commentary by Dr. Judith Hutterer: "AIDS or Seeing Things As They Are"]

[Text] Last week the Ninth International AIDS Congress took place in Berlin. In listening to 800 lectures, viewing 4,500 posters, and attending 21 plenary meetings and 80 additional symposia, more than 12,000 participants from 166 countries tried to obtain answers to the burning questions with which humankind is confronted in the face of the rapidly spreading pandemic. More is known today about HIV, the human immune deficiency virus, than about any other virus. But after more than a decade of intensive research the findings lead to ever new questions.

What are the mechanisms which ultimately result in the breakdown of the immune system? How can the reproduction of the virus which continues to take place in the lymph nodes for a period of many years even during the latency stage be brought under control? Which therapeutic regimens show any promise of success? How can contagion be prevented by immunization and how can the progress of the disease be slowed down by improvement of the immune response of already infected persons?

The Berlin conference has demonstrated that the efforts made in research and prevention must be intensified. This calls for dealing with taboos, repression, and stigmatization. Science must perform major tasks in this respect.

AIDS is spreading with dizzying speed, particularly in the countries of the Third World. In the Western nations, new infections caused by unprotected heterosexual intercourse are on the rise. The findings of scientific surveys ought to familiarize the responsible public with the dangers of self-satisfied approaches to the problem, e.g. "it really is not so bad" and "it will not affect me personally." According to conservative estimates of the World Health Organization more than 40 million people will be infected with the HIV virus in the year 2000; but others put the figure at 100 to 120 million. The methods for preventing the disease are distressingly scarce—also in Austria.

To confront the facts objectively is to take a first step toward successful prevention. This is another way of saying that we must see things as they are and not as we would like them to be. The real-life sexual activities of young people, male and female, are different from existing moral attitudes. It is the job of science to outline the steps which need to be taken to reduce transmission of the virus. This can only be abstinence; protected

sexual intercourse; or monogamous, HIV-free relationships. What really counts is continuing information. Everyone must choose his or her own path.

If we wish to get the spread of the AIDS epidemic under control, scientific research must concentrate on issues of highest priority, however large the temptation may be to reach the limits of knowledge in interesting areas of secondary importance. At the head of the list of priorities stands the development of a substance to be introduced into the female vagina which is capable of destroying HIV and other causative agents of sexually transmittable diseases; the final identification of all factors resulting in the outbreak of the disease and of immunity as part of HIV infection; the production of vaccines which may also be put to use in developing countries; the diagnosis and treatment of conventional venereal diseases and improved methods to help humankind adopt and sustain attitudes (the most difficult part of all) and discover their own ways of minimizing the risk of HIV infection.

To achieve these goals all those who are knowledgeable about the crucial issues should become a part of the decisionmaking process, i.e. scientists from the industrialized nations and from the Third World; sociologists, behaviorists, and physicians, both male and female; and individuals afflicted with HIV and AIDS as well as the uninfected. Research, planned and implemented with the participation of all these groups, meets the highest ethical demands.

If our efforts succeed in the near future, it will be possible to prevent millions of deaths due to AIDS in the decades ahead.

## DENMARK

**New Product To Reduce AIDS Risk for Hemophiliacs**

93WE0513A Copenhagen *BERLINGSKE TIDENDE*  
in Danish 22 Jul 93 p 3

[Article by Annette Hagerup: "Hemophiliacs Get Safe Medicine"]

[Excerpts] In the not-too-distant future, Danish hemophiliacs will be able to take their factor VIII medicine without the fear of contracting the HIV virus or various forms of liver inflammation.

Two U.S. pharmaceutical firms, Baxter and Bayer/Miles, have successfully produced factor VIII by genetic engineering. (factor VIII substances promote blood coagulation, ed.)

This means that production is no longer dependent on blood plasma from humans but, in principle, it can be produced in unlimited quantities.

Before donor blood began to be screened and heat-treated in Denmark in 1985, 89 hemophiliacs were infected with the HIV virus. Today donor blood is

treated either with high heat or with chemicals to destroy the HIV virus. To make blood products extra safe, work is now being done to begin both heat and chemical treatment of donated blood that is used to produce factor VIII.

The chief of the National Hospital's hemophilia center, Dr. Elma Scheibel, believes that the genetically engineered factor VIII is the wave of the future. "But we would like to take our time," Scheibel said. "It would be of no use to destroy our Danish sources of plasma-produced factor VIII. Denmark is self-sufficient in factor VIII and if production is stopped it cannot simply be built up again. For this reason, we at the National Hospital and at the Hemophilia Center in Aarhus expect a gradual transition to genetically engineered factor VIII."

Baxter's genetically engineered factor VIII, called Recombinate, is expected to be on the Danish market some time in September, while Bayer/Miles' Kogenate has not yet been approved by the Board of Health. It is expected to be on the market during the first half of 1994. The substance has just begun to be used in the United States.

The National Hospital has been testing Recombinate for 2 years on two patients. The results have been good. The substance is only slightly more expensive than factor VIII produced from plasma, so it is expected that Recombinate will account for about 10 percent of the factor VIII use already this year. [passage omitted]

The head of the Danish Hemophiliac Association, Terkel Andersen, believes that the trend toward genetically engineered medicine for hemophiliacs is promising. "Even though the risk of becoming infected with viruses from donated blood is now extremely small, there is no method that is 100-percent safe in preventing infection," Andersen said. "The greatest advantage of genetically engineered medicine is that you can be sure the contents of the bottle is uniform."

## GREECE

### Dismal Prospects for AIDS Epidemic

93WE0511A Athens *ELEVTHEROTIPIA* in Greek  
23 Jul 93 p 13

[Text] The Center for the Control of Special Infections (KEEL) foresees that in the next six to seven years the number of persons infected with AIDS will increase 15 times. KEEL Chairman Professor I. Stratigos said yesterday at a press conference that of the 10,000 to 15,000 carriers in Greece today 90 percent will be sick by the year 2000.

I. Stratos, the chairman of the Association of Greek Industries [SEV], and L. Kanellopoulos, the president of the Greek General Confederation of Labor [GSEE], who also took part in the press conference, underlined that the expected number of 9,000 to 13,500 cases in the next

7 years will result in a heavy economic burden in addition to the tremendous social and human cost.

Until the end of June the cases of AIDS in Greece rose to 800 and the deaths from AIDS to 305.

### Age Groups

The age distribution of patients shows that approximately 85 percent of the victims are persons of a productive age.

For the 5-year period of 1989-1993 the overall medical and socio-economic cost from AIDS is estimated at 10 to 15 billion drachmas, of which approximately half applies to direct medical and pharmaceutical care and the other half applies to indirect costs, such as loss of productivity and public revenues.

The anticipated 15-fold increase by the year 2000, according to the participants in the press conference, will burden the Greek economy by 100 to 150 billion drachmas in today's prices.

For these reasons and because the disease is not under control and threatens not only the high-risk ages but also younger productive ages, KEEL, SEV, and GSEE decided to organize a campaign throughout Greece to inform all Greek workers.

A special committee has been formed to plan and coordinate the informational campaign which will start next October and will continue for at least one year.

The initial plans include a TV message, radio spots, special press ads, publication of an informational booklet for all workers, posters, educational seminars, etc.

The actual numbers we have, as of now, are:

- 11 males and nine females between the ages of 0 and 12
- one male and one female aged 13 to 14,
- 12 males and three females aged 15 to 19,
- 26 males and 10 females between 20 and 24,
- 108 males and 18 females between 24 and 29,
- 132 males and 13 females between 30 and 34,
- 130 males and 10 females between 35 and 39,
- 149 males and seven females between 40 and 49,
- 61 males and seven females between 50 and 59,
- 56 males and 10 females 60 years and over, and
- 21 males and five females of unknown age.

Of these victims the categories concerning the method of transmission (ages 13 and over) are distributed as follows: 399 homosexuals, 25 male and nine female drug



addicts, five homosexual drug addicts, 53 through blood transfusion, 27 males and 18 females through multiple blood transfusions, 111 males and 43 females through heterosexual contact, 78 males and 14 females with no classification, a total of 696 males and 84 females.

## ICELAND

### First Study of Country's HIV/AIDS Patients

93WE0501B Reykjavik MORGUNBLADID in Icelandic  
6 Jul 93 p 18

[Article by Edda J. Baldursdottir, Emilia B. Jonsdottir, Emelina P. Johannsdottir, Heillveig Fridthjofsdottir, Sigridur Einarsdottir, and Sigridur Tryggvadottir, Akureyri University Nursing Students: "I Am a Person, Not a Disease"]

[Excerpts] [Passage omitted] Nursing students in their fourth year of study at the Akureyri University did a final thesis for the bachelor of science nursing degree about the experience of individuals in Iceland who have been diagnosed HIV-positive. This research is the first of its kind in Iceland and its purpose was to gain knowledge about how it is to be an HIV-positive individual, people's behavior toward them, and their view on life. This was done with the intention of improving the quality of nursing care, open up discussions, educate the public and thus endeavor to reduce prejudice toward HIV-positive individuals. [passage omitted]

### Frequency in Iceland

According to the Director General of Public Health, 80 individuals had been diagnosed infected with the HIV virus in Iceland in January 1993. Now, 25 individuals have been diagnosed with AIDS, the last phase of the disease. Of the HIV-positive, the ratio of sex is approximately one woman for every six men. The largest group by far of those infected is that of homosexuals/bisexuals, or 68 percent. Of 80 individuals, 38 are between age 20 and 29.

### Treatment

Despite enormous research, no cure has yet been found for AIDS. However, medicines have been found that curb increase of the virus in the body and in that way are able to extend the period of no symptoms of the disease. It is also possible to cure many side effects of the disease and thus improve and lengthen the life of the infected person.

### The Conclusions of the Research

Personal reaction to be diagnosed HIV-positive:

"It is the fear of being sick, the fear of dying, and the fear of being an outcast." What the research brought to light was that most of the people had some suspicion about being HIV-positive and the diagnoses did therefore not come as a surprise. Nonetheless, the diagnosis was a

great shock, and reactions listed were nervous breakdown, numbness, loneliness, and crying. The young age of the HIV-positive individuals is the reason that it becomes extremely difficult and painful to deal with the diagnosis. Most people looked at the diagnoses as a death sentence and they were certain that death would come suddenly. All of them mentioned fear as one of their reactions after the diagnosis; the fear was directed toward different factors, such as being an outcast, becoming ill, fear of the unknown, and fear of death. Also noticeable was hopelessness and total surrender, they felt that they deserved something bad, and some people even tried to commit suicide.

### Speculations During the Illness

What these individuals think about essentially are speculations about the disease, its development, and the uncertainty about the future. Everybody fears the unknown, they fear not being allowed to die with dignity but having to wither during a long-term illness. They are unable to make any future plans and live for one day at a time. All of them think about death in one way or another and wonder how it will come about. Their vision of death varies, but most of them fear the loneliness that comes along with it. They all agree on having mixed feelings about the medical treatment and doubt whether it works at all. Despite dismal future prospects, they try to look at the bright side of life; the experience has given them increased maturity and their view on life is different. Hope is the most important weapon of the person who is battling a fatal disease. Those who participated in the research all seem to hold on to the hope that a cure for this disease will be found and that they will not die from it. The hope is based on the fact that AIDS is a recent discovery and it is not yet clearly known how it develops and whether all those who are infected with the disease will die.

### Negative Reaction From the Community

Those who participated in the research have all experienced prejudice of some kind by the society. Most of them agree that there is enormous prejudice against homosexuals and they feel that the public is poorly educated about the nature of the disease. They feel that the society blames them for what has happened to them. As to support, they found it difficult to discuss their experience with others because of the lack of understanding of how they feel. None of them encountered any significant rejection by their families. They also said that they felt that the authorities do not pay enough attention to these matters. As to the health care staff, they said that it is often very difficult to reach them and they think that is due to lack of time.

### Support From Others

It came forth in the research that they also experience support from the community. The support comes from



the family, spouses, friends, and health care staff. They also mention that the self-help group of HIV-positives provides a great support.

#### Conclusion

HIV infection and AIDS is a disease that many people have up to now viewed as the disease of homosexuals and drug addicts. It is, however, clear that the disease does not only surface among those groups; the fact is that everybody can get infected with the HIV virus if their life-style puts them at risk. The experience of HIV-positive people is something that never has been studied in Iceland, but that is necessary as up to now, the disease has been connected with sexual behavior and certain minority groups in the society. The reaction of the public has been characterized by ignorance and fear; and it can be said that the fear of AIDS is considerably greater than the virus itself. It must always be kept in mind that HIV-positive people are "human beings, not a disease."

### SPAIN

#### 1,068 New AIDS Cases Diagnosed This Year

LD0508210093 Madrid TVE Internacional Television  
in Spanish 1930 GMT 5 Aug 93

[Excerpts] So far this year, 1,068 new AIDS cases have been diagnosed in Spain. Despite the fact that the number of affected persons has increased, the figures are encouraging because it appears that the increase has stabilized. But if this figure is positive, there is another that is negative: the number of infections through heterosexual relations has risen.

In 12 years, since 1981, 19,815 cases of AIDS have been diagnosed in Spain. Most of them, over 60 percent, have contracted the illness through their connections with drugs. They were infected from sharing syringes infected with the virus. Infection through homosexual or bisexual practices has stabilized. However cases via heterosexual relations have increased. In the last 6 months, this group has increased to 10 percent of total patients. [passage omitted]

Over 8,000 AIDS patients have died since 1981. Eight out of ten patients are men aged between 20 and 40. The tendency is for diagnosed patients to be older and older. Last year, a total of 3,817 cases were notified. The experts consider, cautiously, that there is a degree of stabilization because in the first half of 1993, the number of cases was much lower.

### SWEDEN

#### Columnist Questions Quarantining HIV Patients

##### Risk Prognosis Wrong Basis

93WE0487A Stockholm DAGENS NYHETER  
in Swedish 9 Jul 93 p 2

[Commentary by Per Ahlin: "AIDS Care, Not Risk Evaluation"]

[Text] Is it reasonable to keep a person locked up for more than 6 years because there is a risk that she will spread the HIV virus? This has, in one instance, happened in Sweden.

It may really appear quite natural. An individual is a carrier of a life-threatening virus, and there is a chance that she will pass on the disease.

The public should be protected.

If an HIV-positive individual causes the infection to spread, the Penal Code should be applicable. We know about a number of cases in Sweden, where people carrying contagious disease have received prison sentences for aggravated assault, when they, despite being cognizant of the illness, have had sexual relations without using condoms.

But what can be done with individuals who have yet to spread the infection? Today's option is to forcibly isolate them, but this is a very questionable method.

In Sweden, as opposed to most other countries, AIDS is classified as a disease constituting a danger to society. The disease is therefore grouped together with cholera, diphtheria, and other epidemic illnesses. Consequently the stipulations of the Law Regarding Protection Against Infections is applicable.

According to this law, an individual infected with a disease posing a danger to society may be forcibly isolated "if the infected person does not voluntarily comply with actions necessary to prevent spread of the disease." Isolation may also be enforced if there are "reasons to presume" that an individual knowingly does not abide by certain rules of behavior, and if failure to do so constitutes an "obvious risk" of contagion. These requirements are not very difficult to fulfill.

In addition, the above conditions may be difficult to prove. It is fairly obvious that a person suffering from cholera should not be allowed to mingle freely with people. He should, for example, not be permitted to use public restrooms, nor should he be in contact with food.

But when do authorities have "reasons to presume" that an HIV-positive individual exhibits behavior which constitutes an "obvious" risk of the spreading of AIDS? Should the police follow a suspected woman into her bedroom to make sure she does not engage in prostitution? The most common way for the police to handle this, in reality, is for them to interfere if they spot an infected woman on Malmkillnadsgatan or any other street known to be frequented by prostitutes.

In other words, suspicion alone is enough for extended detention. This stands in striking contrast to the stringent Penal Code requirement for sufficient evidence.

On the other hand, there must be legal ways of preventing individuals exhibiting high-risk behavior from spreading the HIV virus.

A number of Swedish statutes allow for forced care. A person suffering from a psychiatric disorder may, for example, be subjected to treatment if he has an "unavoidable need" for care, but does not realize it himself. The court must give particular consideration to the issue of whether or not the patient constitutes a "danger to the safety of another individual, or for his/her physical or psychological well-being." Similar requirements could be considered reasonable in the care of people with AIDS, who exhibit high-risk behavior.

Barbro Beck, who is responsible for HIV-positive patients who have been forcibly isolated notes, in an article written for DAGENS NYHETER (18 June), that the problem is to make them modify their behavior. She argues that the patients are not cognizant of being infected and that it is the task of the staff to foster that realization.

It is, in other words, a question of care. But possible detention should, in that case, also be based on the need for care and not on a risk assessment.

#### Officials Defend Law

93WE0487B Stockholm DAGENS NYHETER  
in Swedish 12 Jul 93 p 2

[Guest commentary by Chief Senior Physician Per Lundbergh and Senior Physician Brith Christenson, epidemiologists: "Preventative Effect of Law Regarding Protection Against Infections"]

[Text] Ove Berglund (DN [DAGENS NYHETER] Debate 6 July) attacks us because we follow the law. At the same time, he admits that he and some other physicians sometimes fail to report high-risk behavior. One should therefore note that the arbitrariness Berglund assails results because he and some other physicians are not following the law.

The Chief Epidemiologist in the Province of Stockholm has, based on uniform assessment principles and evaluation processes, handled more than 500 different individual cases. Every single case includes an individual risk assessment. Of the 2,200 HIV patients, so far, in the Province of Stockholm, 27 individuals have been subjected to forced isolation by a County Administrative Court, and in many cases also by an Administrative Court of Appeals. The patients are also represented by legal counsel, who assesses the basis for the application filed by the epidemiologist. The section in the Law Regarding Protection Against Infections concerning forced isolation, which Berglund criticizes, is consequently rarely applied. Forced isolation should be viewed as society's final resort to prevent further contagion and should only be used when all voluntary measures have been exhausted.

The spread of HIV infections is a typical metropolitan problem, as 70 percent of all Swedish HIV cases can be found in Stockholm. It is therefore understandable that most of the detentions have taken place here. But it is

also worth noting, that six of the other 24 epidemiologists (25 percent) in Sweden have filed applications with their respective County Administrative Courts regarding forced isolation.

Berglund opposes the Law Regarding Protection Against Infections because he does not believe it to have any effect on epidemics. The Swedish medical establishment has always been aided by directives and statutes when fighting contagious diseases. So far, the Swedish fight against epidemics has been successful, even as far as the HIV virus is concerned. HIV contagion has been less extensive in Sweden than in neighboring countries. Our experience is that the knowledge of the possibility of forced isolation deters some HIV-positive individuals from engaging in high-risk behavior and thereby renders detention with a significant preventative effect.

Berglund's attack against the Law Regarding Protection Against Infections is of a more ideological nature. He is a proponent of a treatment ideology precluding force, which means that he also opposes the Law Regarding Treatment of Substance Abusers. The Riksdag, however, has decided that the use of force is justified in certain instances, in order to prevent the spread of deadly infections.

Berglund also opposes all forms of forced testing. By listening to his argumentation, one may get the impression that forced testing is generally applied in connection with HIV, but that is not the case. Forced testing may only be used for contact tracking when the patient refuses testing. In our province, during the four years the law has been in effect, only four individuals have been subjected to forced testing for HIV.

As far as the conception that the Penal Code suffices, it is worth noting that this may be true if the victim reports the crime to the police. The epidemiologist or other medical personnel may not do so because of privacy regulations applicable in the health care system. It is easier to file criminal charges in countries with less stringent privacy statutes. Although it is possible in Sweden today to file criminal charges in connection with the spreading of contagion, we only know of a few cases resulting in charges being filed, because of the onerous and vulnerable position of the victim during a trial. Many of the individuals who have been subjected to forced isolation, in accordance with the Law Regarding Protection Against Infections, have infected one or more people with the HIV-virus, but this has not resulted in any charges based on the Penal Code. If it were not for the Law Regarding Protection Against Infections, these individuals would still be able to continue their dangerous lifestyles.

It does not, of course, appear legally fair that one person may be convicted to many years of prison while someone else goes free for the same crime. Earlier laws provided physicians with the opportunity to report this type of crime, and thus, bring cases like this to the district courts. The Law Regarding Protection Against Infections is designed to protect people who have not yet been

infected, and it serves as society's protection against the spread of contagion. The Penal Code is rarely applicable until the infection has actually been passed on.

Berglund claims that we "want to have African refugees expelled from Sweden." We have written an article in LAKARTIDNINGEN (medical journal, issue No. 15/1993) where we question whether it is reasonable to grant residence permits to HIV-infected individuals who violate the Law Regarding Protection Against Infections by spreading a deadly illness. This, of course, has nothing to do with nationality or skin color.

All of society's forces should be joined in an effort to combat the spread of the HIV virus, which is the cause of our most serious and deadly epidemic. The epidemiologists will also in the future work for the prevention of conscious spread of the contagion.

## SWITZERLAND

### 300 New Cases of AIDS Reported in Six Months

*LD2607222793 Bern Swiss Radio International  
in English 2200 GMT 26 Jul 93*

[Text] The Swiss authorities say the spread of AIDS is continuing this year. The Federal Health Office registered more than 300 new cases of AIDS in the past 6 months. A spokesman said 160 were drug addicts and more than 120 were homosexual or bisexual men. The Office estimated that by the end of the year the total would stand at about 700 cases, 60 more than last year. Provisional figures say about 140 people have died of AIDS this year.

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